

PAYMENT NUMBER

<p>② <i>R</i> O.I.P.E.</p> <p>SCANNED <i>AS</i> Q.A. <i>no</i></p>	<p>PATENT DATE</p>
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SECTOR	CLASS	SUBCLASS	ART UNIT	EXAMINER
	435	S	1513/644	DECLoux

FILED WITH: ☐ DISK (CRF) ☐ FICHE
(Attached in pocket on right inside flap)

PREPARED AND APPROVED FOR ISSUE

[illegible]

<input type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> a) The term of this patent subsequent to _____ (date) has been disclaimed. 				NOTICE OF ALLOWANCE MAILED	
	(Assistant Examiner) (Date)				
<input type="checkbox"/> b) The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ 				ISSUE FEE	
	(Primary Examiner) (Date)			Amount Due	Date Paid
<input type="checkbox"/> c) The terminal ____ months of this patent have been disclaimed.				ISSUE BATCH NUMBER	
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(LABEL AREA)